

Cost Element Breakdown

<i>PLEASE FILL OUT OR CHECK THE APPLICABLE ITEMS</i>	
Grant Number	_____
Federal Funds Breakdown	_____ (to accompany HUD-27053)
Matching Funds Breakdown	_____ (to accompany SF-269)
For the Reporting Period of	_____ to _____

LINE ITEMS*	NEGOTIATED BUDGET	EXPENDED THIS PERIOD	EXPENDED TO DATE	AVAILABLE BALANCE
Direct Labor				
Fringe Benefits				
Materials				
Travel				
Equipment				
Consultants/ Subgrantees/ Subcontractors				
Other Direct				
Indirect Costs				
TOTALS				

* Cumulative transfers of funds among direct cost categories which exceed or are expected to exceed ten percent of the current total approved HUD budget require prior approval of the HUD Grant Officer.

Signature & Title